STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

JUL 2 4 2018

1. Name of Lobbyist(s) EVELYN AISSA	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:	Die Givennett of Civile
PEACHNY HIGHER NH	
(Name of partnership, firm or corporation)	
40 N MAIN STREET SUTE ZOY CONCORD NH Business Address: (Street) (Town/City) (State)	(Zip Code)
(CB) 715 9696 (Fax) e-mail evelyne	reachinghisternhos
111. This statement covers: (Choose one – file separate reports for each client, OR you may reportable expense transactions which are not attributable to any one client).	file a separate report for
☐ All reportable transactions occurring in the months prior to the reporting date relative to the f	ollowing client:
(Full Name of Client as it appears on the Lobbyist Registration Form) OR	
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying fi unrelated to any particular client.	rm listed below which are
IV. Date of Report April 25, 2018 Suly 25, 2	
October 31, 2018	
V. There have been no fees received and no reportable transactions made since the If this box is checked, complete just this form and submit it to the Secretary of State's Office, Stat Concord, NH 03301.	
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you must file Addendum A- Fees and Expe	
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report Expense Reimbursement	rt of Honorariums or
If you, your firm, or your family has made political contributions, you must file Addendum	C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the for and complete to the best of my knowledge and belief.	
(Signature of Hobbyist) T-24.18 (Date)	
(Print Name of lobbyist)	